Case 18-15305-jkf Doc 77 Filed 08/21/19 Entered 08/21/19 08:41:50 Desc Main

		Docume	ent Page 1 of	4		
Fill in this i	nformation to identify your c	ase:				
Debtor 1	BENJAMIN T. VANH	IORN				
200101	First Name	Middle Name	Last Name		}	
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States E		ASTERN DISTRICT OF	F PENNSYLVANIA, PHIL	ADELPHIA		
Case number	2:18-bk-15305					
(if known)	2:10-DK-15305				■ Chook	if this is an
						ded filing
					j amone	iou ming
Official Fo	rm 106E/F					
Schedule	E/F: Creditors Who	Have Unsecu	red Claims			12/15
any executory co Schedule G: Exe D: Creditors Who the Continuation case number (if I	•	t could result in a claim. Leases (Official Form 10 rty. If more space is need o information to report in	Also list executory contract (6G). Do not include any creded, copy the Part you need	cts on Schedule A/B: P editors with partially s d, fill it out, number the	roperty (Official Forr ecured claims that ar e entries in the boxes	n 106A/B) and on re listed in Schedule s on the left. Attach
	All of Your PRIORITY Unsec					
□ No. Go to		aiiiis agaiiist you!				
	) Fail 2.					
Yes.				link the consultant and a second		and alaim listed
identify what possible, list 1. If more that	our priority unsecured claims. If type of claim it is. If a claim has b the claims in alphabetical order ag an one creditor holds a particular of	oth priority and nonpriority a ecording to the creditor 's na laim, list the other creditors	amounts, list that claim here ame. If you have more than t s in Part 3.	and show both priority a	nd nonpriority amount	s. As much as
(For an expir	anation of each type of claim, see	rie instructions for this form	in the instruction bookiet.)	Total claim	Priority	Nonpriority
					amount	amount
	TOL TOWNSHIP Creditor's Name	Last 4 digits of	account number 6350	\$11,555.45	<u>\$11,555.45</u>	\$0.00
Filolity	Creditor's Name	When was the d	debt incurred?			
Bristo	ond St Ste 1A ol, PA 19007-4937				-	
	r Street City State Zip Code red the debt? Check one.	′	ou file, the claim is: Check	all that apply		
_		☐ Contingent				
Debtor	1 only	☐ Unliquidated				
☐ Debtor	2 only	☐ Disputed				
☐ Debtor	1 and Debtor 2 only	Type of PRIORI	TY unsecured claim:			
☐ At least	one of the debtors and another	☐ Domestic sup	oport obligations			
☐ Check	if this claim is for a community	debt Taxes and ce	ertain other debts you owe th	ne government		
	n subject to offset?		eath or personal injury while y	•		
■ No	•	☐ Other. Specif	fv			
☐ Yes			,			•
Part 2: List	All of Your NONPRIORITY U	nsecured Claims				
	litors have nonpriority unsecure					
☐ No. You	have nothing to report in this part.	Submit this form to the cou	rt with your other schedules.			
Yes.						
unsecured c	our nonpriority unsecured claim laim, list the creditor separately for ditor holds a particular claim, list th	each claim. For each claim	n listed, identify what type of	claim it is. Do not list cla	ims already included i	in Part 1. If more

Total claim

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Page 2 of 4 Case number (f known) Document Debtor 1 VANHORN, BENJAMIN T. 2:18-bk-15305 4.1 **BRISTOL TOWNSHIP** \$1,900.72 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 250 Pond St Ste 1A Bristol, PA 19007-4937 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.2 **CAINE & WEINER, CO** Last 4 digits of account number 9349 \$165.00 Nonpriority Creditor's Name When was the debt incurred? PO Box 55848 Sherman Oaks, CA 91413-0848 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.3 **CAPITOL ONE** Last 4 digits of account number \$1,145.00 1139 Nonpriority Creditor's Name When was the debt incurred? 15000 Capital One Dr Richmond, VA 23238-1119 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another

debt

■ No

☐ Yes

☐ Student loans

report as priority claims

Other. Specify

☐ Obligations arising out of a separation agreement or divorce that you did not

☐ Debts to pension or profit-sharing plans, and other similar debts

 $\square$  Check if this claim is for a community

Is the claim subject to offset?

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Document Page 3 of 4 Debtor 1 VANHORN, BENJAMIN T. Case number (f known) 2:18-bk-15305 4.4 **INSPIRE FEDERAL CREDIT UNION** Last 4 digits of account number X286 \$3,816.00 Nonpriority Creditor's Name When was the debt incurred? 1807 W Diehl Rd Naperville, IL 60563-1890 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.5 Last 4 digits of account number NATIONAL RECOVERY AGENCY \$60.00 Nonpriority Creditor's Name When was the debt incurred? 2491 Paxton St Harrisburg, PA 17111-1036 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? PORTINOFF LAW ASSOC., LTD. Line **4.1** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 2700 Horizon Dr Ste 100 ■ Part 2: Creditors with Nonpriority Unsecured Claims King of Prussia, PA 19406-2726 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address PORTNOFF LAW ASSOC Line 2.1 of (Check one): Part 1: Creditors with Priority Unsecured Claims 2700 Horizon Dr Ste 100 ☐ Part 2: Creditors with Nonpriority Unsecured Claims King of Prussia, PA 19406-2726 Last 4 digits of account number 6350 Part 4: Add the Amounts for Each Type of Unsecured Claim 6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

			Total Claim	
	6a. Domestic support obligations	ia.	\$	0.00
Total claims from Part 1		ib.	\$ _	11,555.45
	6c. Claims for death or personal injury while you were intoxicated	ic.	\$ <u>_</u>	0.00

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Debtor 1 _V	/ANHOR	N, BENJAMIN T.	Case n	umber (if known)	2:18-bk-15305
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	11,555.45
				Total	Claim
	6f.	Student loans	6f.	\$	0.00
Total claims					<u> </u>
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	7,086.72
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	7,086.72